Holder ID

Report

## Michigan Holder Transmittal for Annual Report of Unclaimed Property

Issued under the authority of P.A. 29 of 1995, Filing is mandatory. Failure to file is punishable by fine.

Mail to:
Michigan Department of Treasury
Unclaimed Property Division
PO Box 30756
Lansing, MI 48909

Import Batch

This transmittal must accompany your submission only when mailing your report and/or remittance. If your report and remittance are both filed online, this Form 2011 is not required. If your annual report does not meet Treasury specifications, as indicated in the Manual for Reporting Unclaimed Property, it will not be accepted.

as indicated in the Manual for Reporting Unclaimed Property, it will not be		
	·	1. Report Year
GENERAL INFORMATION		
2. Holder's Name	3. Federal Employer ID Number	4. State of Incorporation
2.1000.01.000	orr outline Employer 12 reample	State of missipsidation
5. Address	6. County	7. Date of Incorporation
. City, State, Zip Code 9. Primary Business Activity		L
10. Did you exercise due diligence this report year?  11. Did you file a Report of Unclaimed Property last year?		
Yes         No             Yes         No, explain:		
12. What are you submitting with Form 2011? (Check all that Apply)		
Form 1223 Check (Payable to "MI Dept of Treasury - Unclaimed Property")		
Other (specify)		
13. Report Type		
Annual VDA First A	udit Othe	er
REPORTING REQUIREMENTS		
14. You must report and submit all property (defined in General Instructions) in your custody that belongs to someone else and has gone unclaimed.		
a. Total number of safety deposit boxes reported (if applicable).		
a. Islan Hambol of Salety deposit solice (opened (ii applicable)).		
b. Total number of shares of stock/mutual funds (if applicable)		
c. Total amount paid with this transmittal		3
*Make checks payable to "MI Dept of Treasury - Unclaimed Property"		
CERTIFICATION		
I declare under penalties imposed by P.A. 29 of 1995, as amended, that I have examined this report and to the best of my knowledge it is to 15. Print Contact Name		true and complete.  Shone Number
16.65.		Mono Hambol
E-mail Address Fax N		Number
16. Authorizing Signature 17. Title	Date	
If you are a successor, attach a separate sheet listing the names and last known addresses of all previous holders of the property being reported. If you have changed your name during the reporting period, attach a separate sheet listing all prior names.		
Troasury Uso Only		

Stock ID